UNITED STATES HOUSE OF REPRESENTATIVES 2014 FINANCIAL DISCLOSURE STATEMENT	
Name: Douglas 2, Lamborn Daytir	Daytime Telephone: 202-225-4422  U.S. HOUSE OF REPRESENTATIVES
FILER Member of or Candidate for State: Colorado  STATUS  Member of or Candidate for State: Colorado  U.S. House of Representatives District: 544	Officer or Employing Office: Employee
REPORT 2014 Annual (Due: May 15, 2015) Ame	Amendment Termination  Date of Termination:
PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUE	QUESTIONS
A. Did you, your spouse, or your dependent child:  a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?  No	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$375 in value from a single source during the reporting period?
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	H. Did you, your spouse reportable travel or reim \$375 in value from a sir
D. Did you, your spouse, or your dependent child have any reportable Yes X No liability (more than \$10,000) at any point during the reporting period?	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?
E. Did you hold any reportable positions during the reporting period or in Yes No	$\boxtimes$
IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TR	OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS
IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	during the reporting period? If you answered "yes" to this question, please contact  Yes No
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need this report details of such a trust that benefits you, your spouse, or your dependent child?	and certain other "excepted trusts" need not be disclosed. Have you excluded from Yes . No
EXEMPTION - Have you excluded from this report any other assets, "uneamed" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ansactions, or liabilities of a spouse or your dependent child because they meet all  Yes No No

Name: Dongles L. Lamborn

Page 2

Winterest in Farm	SP Scottrade margin acct.		& TRA	GMOUS Growth fund	IT Wells Forgo bank accts.	ABC Hedge Fund X	Examples:	SP, SP Maga Corp. Stock Elf-	For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from a federal retirement program, including the Thrift Savings Plan.	For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	identify (a) each asset need for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in "unearned" income during the year.	Asset and/or income source	Accet and/or become Source
X	X	×	X	×	X	×	Indefinite	×	None \$1.\$1,000 \$1,001-\$15,0 \$15,001-\$16 \$50,001-\$16 \$100,001-\$2 \$250,001-\$1 \$1,000,001-\$2 \$5,000,001-\$0 \$250,000,001-\$0 \$250,000,001-\$0	0000 00,000 00,000 250,000 500,000 1,000,000 \$5,000,000 \$25,000,000					> 08 00 00 00 00 00 00 00 00 00 00 00 00		you have no interest.	Indicate value or asset at close or the reporting period, it you use a valuation method other than fair market value, please specify the method used.  If an asset was sold during the reporting period and is included only because it generated income, the value should be "None."  *Column M is for assets held by your spouse or dependent child in which		BLOCK B
Farm	X	X	×	X	X	Partnership income	Royalites	×	NONE DIVIDENDS RENT INTEREST CAPITAL GA EXCEPTED. TAX-DEFER	AINS /BLIND TRUST		arm Income)			<b>S</b>	-	period.	al Creck all columns that apply. For accounts that od generate backeferred frome (such as 401(f), IRA, or of 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, nay even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting		BLOCK C
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Use additional sheets if more space is required.

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Name: Douglas L. Lamborn

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Name: Douglas L. Lamborn
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SCHEDULE A – ASSETS	& "UNEARNED INCOME"	ĒΑ	R	8	Ž	င်	Š						Name:	ĕ	5	ر ر	Una	(es	2.2	emborn	Š	Ιž	2				┟╥	Page	٦	I۲	<u>ا</u> م	0
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Name: Dougles L. Lamborn

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## **SCHEDULE B - TRANSACTIONS**

Name: Dongles L. Lemborn Page 3

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#### **SCHEDULE B ~ TRANSACTIONS**

28 2 20 S 2 2 Capital Gains: If a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box, unless it was an asset in a tax-deferred account, and disclose the capital gain income on Schedule A. Report any purchase, sale, or exchange transactions that exceeded \$1,000 in the reporting period of any security or real property held by you, your spouse, or your dependent child for investment or the production of income. Include transactions that resulted in a capital loss. Provide a brief description of an exchange transaction. Exclude transactions between you, your spouse, or dependent children, or the purchase or sale of your personal residence, unless it generated rental income. If only a portion of an asset is sold, please choose "partial sale" as the type of transaction. 50 SP.DC.JT SP Column K is for assets solely held by your spouse or dependent child. æ NetApp, Juc. s Not App Juca Stock Net App, Im. stock Net App, Inc. Met App. Juc. stack Net App Inc. stock Net App, Juc, Stock Net App, Juc. stock Wet App. Inc. Net App, Inc Met App Buc. Maga con State Sp. Swithhale JRA STOCK Stock 120k ST Och 12ack Jack Jack ASSOT Purchase Type of Transaction Sale Partial Sale Name: Check Box if Capital Gain Exceeded \$200 9/18/14 4111/2 9/19/14 8/15/14 41/92/14 8/21//H 11/1/11 H/12/11 3/25/14 12/19/14 (MO/DAYR) or Quarterly, Monthly, or Bi-weekly, if applicable 11/102/2 117/14 Date Bondles 3/5/14 \$1,001-\$15,000 > \$15,001-\$50,000 \$50,001-\$100,000 Lamborn O \$100,001o \$250,000 Amount of Transaction \$250,001-\$500,000 m \$500,001-'n \$1,000,000 \$1,000,001-\$5,000,000 Page 10 G \$5,000,001-I \$25,000,000 \$25,000,001-<u>Q</u> \$50,000,000 Over \$50,000,000 Over \$1,000,000\*  $\overline{\phantom{a}}$ (Spouse/DC Asset)

## SCHEDULE B - TRANSACTIONS

Name: Dougles L. Lemborn Page // of 3

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## SCHEDULE C - EARNED INCOME

Name: Douglas L. Lemburn Page 12 of 13

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

The state of the s							Lamborn for Congress campage	CXdITIDITES. Civil War Roundtable (Oct. 2) Ontario County Board of Education	Keene State State of Manyland	Source (include date of receipt for honoraria)	INCOME LIMITS and PROHIBITED INCOME: The 2014 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$26,955. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) were totally prohibited.
					and compliance	for book keeping	Spouse howly tee	Spouse Speech Spouse Salary	Approved Teaching Fee Legislative Pension	Туре	ompensated at or above the "senior staff" rate ) were totally prohibited.
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#### SCHEDULE D - LIABILITIES

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

\*Column K is for liabilities held solely by your spouse or dependent child.

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SP. DC, JT		Creditor	Liability Incurred MO/YR	Type of Liability	\$10,001- \$15,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	\$1,000,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
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#### SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Position Name of Organization